

VDOT
State Transportation Planning Grant

FY-2005
Application Form

Date: _____

A. Study/Plan Title: _____

B. Amount Requested (not to exceed \$500,000): _____

C. Applicant (MPO or PDC) Name and Address:

D. Responsible Person/Title: _____
Telephone: _____ Fax: _____ Email: _____

E. Project Manager: _____
Telephone: _____ Fax: _____ Email: _____

F. Transportation Planning Categories (check all that apply)

- ☐ Consideration of special transportation needs of unique sectors of the community
 - ☐ Persons with disabilities
 - ☐ Seniors
 - ☐ Young
 - ☐ Low income
- ☐ Local Transportation Planning for alternative modes based on the identification of needs
 - ☐ Bicycle
 - ☐ Pedestrian
 - ☐ Local transit
 - ☐ Other
- ☐ Linking transportation and land use (local comprehensive plans, access management)
 - ☐ Regional transportation plans to be developed by PDC which will serve as the transportation element of the county comprehensive plan
 - ☐ Local issues regarding linking transportation and land use (site specific-alternatives for local development and the effect on transportation)
 - ☐ Other

- ❑ Prioritization of local or regional transportation plan recommendations developed based on needs
 - Development of a methodology to objectively prioritize planning recommendations for incorporation into the programming process
 - Include local jurisdiction staff and elected officials in the development of the methodology
 - Local jurisdiction endorsement and approval of the prioritization process.

G. Date of MP0 or PDC Resolution Endorsement if applicable _____
(attach a copy of the resolution) Additional support may be included (City Council, or County Board of Supervisors in the form of letters endorsing the Study/Plan).

H. Other Funding Sources Available	Status (confirmed/anticipated)	Amount
(Local Contribution encouraged)		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I. Relationship to a Previous Study/Plan if applicable. Is this coordinated with an existing or recently completed effort for a Study/Plan? If so, what is the status of that study/plan?

J. Estimated Cost:

Tasks	Budget
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

K. Is it anticipated that a consultant will be used? _____
 If yes, indicate which of the above task will be completed by the consultant.

L. Estimated Schedule and Completion Date: (A timeline or schedule may be included to demonstrate appropriate time allowances for study task and ultimate study completion).

M. Selection Criteria: **Complete attachment A**

N. Responsible Person Signature and Title

_____ Signature	Date: _____
_____ Title	

Mailing Address and Technical Assistance

Please mail eight copies of your complete application package to the following address:

Ms. Marsha Fiol
Transportation & Mobility Planning Division
Virginia Department of Transportation
1401 East Broad Street
Richmond, Virginia 23219

Fax: (804) 225-4785

For Technical Assistance Contact:

Brian King (804) 786-3092

*** Applications must be received by close of business on March 11, 2005.**

ATTACHMENT A

This form must be completed by all applicants

State Transportation Planning Grant
FY – 2005

Date: _____

A. Study/Plan Title: _____

B. Applicant (MPO or PDC) Name and Address

C. Complete the following questions, including examples when available.

1. **Description** – Describe the appropriateness of the proposed study/plan, including how this study/plan will improve and enhance transportation.

2. **Demonstrate Need** – What need(s) will this study/plan fulfill for the community? How was the need for a study/plan identified?

3. **Study/Plan Usefulness and/or Benefit** – What purpose will this study/plan serve and how will it benefit the transportation planning process? What are the commitments for implementation of this study/plan?

4. **Support** – Is there strong support from the localities, MPO, PDC?

5. **Public Input** – How will the public be involved in this study/plan?

6. **Project Resources** –What support (in the form of funding, endorsement or other) has been provided by the Planning District Commission, Board of Supervisors and/or City Council? Include documents for the implementation of the proposed effort.
